



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue
Seattle, Washington 98101

Reply to
Attn of: OW-137

July 2, 1996

Rodney Stensgar, Manager
Colville Tribal Fish Hatchery
P.O. Box 880, Highway 17
Bridgeport, Washington 98813

Re: Underground Storage Tanks (USTs)
Colville Tribal Fish Hatchery

Mr. Stensgar:

On September 20, 1995, I visited your hatchery facility to survey for USTs that have not been reported to the Environmental Protection Agency (EPA) according to federal law (42 USC 6991a.) and subsequent federal regulations (40 CFR §280.22). On this visit I was accompanied by Matt Boyd of the Colville Tribe's environmental health program.

During this time at the hatchery, you informed Mr. Boyd and myself that two USTs existed on the premises since construction of the hatchery facility in 1989. According to construction records, one tank is only 500 gallons in capacity and stores gasoline for hatchery vehicles. The other tank is a 2,500-gallon tank and was similarly used to fuel hatchery vehicles, but also to power an emergency standby generator.

Because the first UST was under 1,100 gallons in capacity and because the product it stores is only used to service hatchery vehicles, this tank is exempt from federal UST regulation. However, the larger tank is a regulated UST and EPA must be officially notified of its existence by law. Failure to do so can result in civil penalties up to \$10,000.

While at the hatchery, I gave you a copy of the EPA UST notification form to complete and return to me. Several weeks later in October 1995, I again discussed this need with you in a phone call, but as of this date I have not received the required notification form. Accordingly, you are hereby directed to have the enclosed notification form completed and returned to this office not later than July 22, 1996.

If you have questions about the form, please contact me at (206) 553-1089, or toll-free at (800) 424-4372, extension 1089. Thank you for your assistance in this matter.

Sincerely,

Geoff Keeler
Compliance Officer

enclosure

cc: Steve Suagee, Colville Tribal Attorney, Nespelem, Washington\
Matt Boyd, Colville Environmental Health Department, Nespelem,
Washington

COLVILLE TRIBAL
FISH HATCHERY

10/4/95 - Called Rodney
(509) 686-9330

- Will try to finish the notif.
form & send it in soon!

10/24/95 - In note to Matt

Boyd, I asked " to contact Rodney & remind
him of the NF to be submitted.

6/20/95 Call to Tim Brewer (Tribal Attorney's office)
509/634-8892

- discussed lack of NF best to

cc Steve Soagee, Tribal Attorney

42 USC 6991a.

Notification

42 USC 6991e. "By owner _____"

with further corresp.

6/24/96 finished draft ltr. to R. Stensgar
w/ps draft to HS + TB ✓ ○

F: 10/14-02
hatchery



COLVILLE TRIBAL
FISH HATCHERY

Rodney Stensgar
Hatchery Manager

P.O. Box 880, Highway 17
Bridgeport, WA 98813
Work: (509) 686-9330
Home: (509) 686-3180

Facility Summary for R10 Facility ID # 4020050

Owner Name and Address: COLVILLE CONFEDERATED TRIBES PO BOX 150, Nespelem, WA 99155

| Tank ID | Location Name | Location Street Address | Location City | Zip |
|---------|-------------------------------|-----------------------------|---------------|-------|
| 4020050 | Colville Tribal Fish Hatchery | P.O. Box 880, 13854 Hwy. 17 | Bridgeport | 98813 |

| Tank ID | Installed | Product | Tank Mat'l of Construction | Piping Material | Piping Type | Tank Release Detection | FR Met |
|------------------|-----------|----------|-------------------------------|-------------------------------|--------------|--------------------------|---------------|
| Status | Age (yr) | Capacity | Secondary Option | Secondary Option | | Piping Release Detection | Spill/Over/CP |
| 001 | 3/1/1989 | Diesel | Fiberglass Reinforced Plastic | Fiberglass Reinforced Plastic | Safe Suction | A B C D E F G H I J K L | Yes |
| Currently In Use | 15 | 2,500 | Double-Walled | Cathodically Protected | | B D E F G H I J K L | Yes Yes Yes |
| 002 | 3/1/1989 | Gasoline | Fiberglass Reinforced Plastic | Fiberglass Reinforced Plastic | Safe Suction | A B C D E F G H I J K L | Yes |
| Currently In Use | 15 | 550 | Double-Walled | Cathodically Protected | | B D E F G H I J K L | Yes Yes Yes |

Last Inspected: 7 April 04

Tank/Piping Release Detection Codes

| | | | | | |
|--------------------------------------|----------------------------|---------------------------|---------------------------------------|------------------------|---------------------|
| A Manual Tank Gauging | C Inventory Control | E Vapor Monitoring | G Interstit. Dbl-Wall Monitor | I SIR | K Deferred |
| B Tank/Line Tightness Testing | D ATG/Auto Line LD | F GW Monitoring | H Interstit. Sec. Con. Monitor | J Other Methods | L Not Listed |

R10 Facility ID: 4020050

Facility Name: Colville Tribal Fish Hatchery

I. Ownership of Tank(s)

System ID: 00201

R10 Owner ID: 201

Name: COLVILLE CONFEDERATED TRIBES

Street: PO BOX 150

City: Nespelem

County: Okanogan

State: WA

ZIP: 99155 -

Phone: (509) 634-8836

Fax:

Contact: (if other than Owner)

Taxpayer ID:

S.S. No:

Comments:

Type of NotificationNew: ☐Amended: ☒Closure: ☐

System ID: 4260124

R10 Facility ID: 4020050

Date Received: 06 Aug 1996

Facility Operator: Last, First

II. Location of Tank(s)

Name: Colville Tribal Fish Hatchery

Street: P.O. Box 880, 13854 Hwy. 17

City: Bridgeport

County: Douglas

State: WA

ZIP: 98813 -

Latitude: ° ' " Longitude: ° ' "

Phone: (509) 686-9330

Comments:

III. Type of Owner

Local Government

IV. Indian LandsIndian Lands: ☒ Tanks are located on land within an Indian Reservation or on other trust lands.Tribe Owned: ☒ Tanks are owned by native American nation or tribe.

Tribe: COLVILLE

R10 Facility ID: 4020050

Facility Name: Colville Tribal Fish Hatchery

V. Type of Facility

Describe the kind of facility:

Other

Comments: FISH HATCHERY

VI. Contact Persons in Charge of Tanks

Name: STENSGAR, RODNEY

Address: PO BOX 880, Bridgeport, WA 98813

Phone: (509) 686-9330

Fax:

Contact Type: ☐ Owner ☐ Operator ☐ CA Contact ☐ Manager ☐ Outreach ☒ Location Contact
☐ RP ☐ Fee Contact ☐ Other**VII. Financial Responsibility**Facility meets financial responsibility requirements: ☒

Check all that apply:

Self-Insured: ☒Letter of Credit: ☐

Comments:

Insurance: ☒State Fund: ☐

Colony Ins.

Risk Retention Group: ☐Trust Fund: ☐Guarantee: ☐Other: ☐Surety Bond: ☐Not Listed: ☐**VIII. Certification**

Name: RODNEY O STENSGAR

Title: HATCHERY MANAGER

Date: 09 Oct 1995

R10 Facility ID: 4020050

Facility Name: Colville Tribal Fish Hatchery

Latitude: Longitude: **IX. Description of Underground Storage Tanks****1. Status of Tank**Federally Regulated: ☒Compartment: ☐AST: ☐

Sys. Fac. ID: 4260124

Amended Information: ☒Manifolded: ☐No Fee: ☐

Tank ID: 001

Tank Status: Currently In Use

Comments: Also supplies fuel to an emergency generator. 4/04 JG

Rcvd:

Alt Tank ID: 1

2. Date of Installation (month/year)**3. Estimated Total Capacity (gallons)**

Date Installed: Mar 1989

Tank Capacity: 2,500

4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Fiberglass Reinforced Plastic

Comments: Brine filled secondary tank made by O/C Tanks Corp. (Owens Corning). CMB 7/13/04

Sec. Tank Option: Double-Walled

Check if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Fiberglass Reinforced Plastic

Comments: CP has been added to steel pipe. FRP pipe from tank to dispenser and to generator. JG 5/21/04

Sec. Piping Option: Cathodically Protected

6. Piping (Type)

Type of Pipe: Safe Suction

Check if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**

Substance: Diesel

Comments:

CERCLA No.: Description: **X. Tanks Out of Use, or Change In Service****1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used: Closure Status:

R10 Facility ID: 4020050

Facility Name:

Colville Tribal Fish Hatchery

Date Closure Rcvd.:

Inert Fill:

Date Closed:

2. Site Assessment

Site Assessment Completed: ☐Evidence of a Leak Detected: ☐

XI. Certification of Compliance

1. Installation

Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☒Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐

Comments:

Installation inspected & approved by
implementing agency: ☒

2. Release Detection

| | Tank | Pipe |
|-------------------------------|-------------------------------------|--------------------------|
| Manual tank gauging: | <input type="checkbox"/> | <input type="checkbox"/> |
| Tank tightness testing: | <input type="checkbox"/> | <input type="checkbox"/> |
| Inventory control: | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic tank gauging: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Vapor monitoring: | <input type="checkbox"/> | <input type="checkbox"/> |
| Groundwater monitoring: | <input type="checkbox"/> | <input type="checkbox"/> |
| SIR: | <input type="checkbox"/> | <input type="checkbox"/> |
| Interstit. Dbl-wall Monitor: | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Interstit. Sec. Con. Monitor: | <input type="checkbox"/> | <input type="checkbox"/> |

| | Tank | Pipe |
|--------------------------|--------------------------|-------------------------------------|
| Auto line leak detector: | <input type="checkbox"/> | <input type="checkbox"/> |
| Line tightness testing: | <input type="checkbox"/> | <input type="checkbox"/> |
| Other method: | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Deferred: | <input type="checkbox"/> | <input type="checkbox"/> |
| Not listed: | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Veeder-Root TLS-300c / brine
filled interstitial space w/ safe
suction. CMB 7/13/04

3. Spill, Overfill, and Corrosion Protection

Overfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☒☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

Installer Oath:

Name:

Company:

Position:

Date Signed:

IX. Description of Underground Storage Tanks**1. Status of Tank**

Federally Regulated: ☒ Compartment: ☐ AST: ☐
Amended Information: ☒ Manifolder: ☐ No Fee: ☐

Sys. Fac. ID: 4260124

Tank ID: 002

Tank Status: Currently In Use

Comments:

Rcvd:

Alt Tank ID: 2

2. Date of Installation (month/year)**3. Estimated Total Capacity (gallons)**

Date Installed: Mar 1989

Tank Capacity: 550

4. Material of Construction

Enter material of construction for the tank. You may supplement primary description with one of the Secondary Options.

Tank Material: Fiberglass Reinforced Plastic

Comments: Brine filled secondary tank made by
O/C Tanks Corp. (Owens Corning).
CMB 7/13/04

Sec. Tank Option: Double-Walled

Check if tank has been repaired: ☐Check if tank is used for emergency generator: ☐**5. Piping (Material)**

Enter material of construction for the piping. You may supplement primary description with one of the Secondary Option

Piping Material: Fiberglass Reinforced Plastic

Comments: FRP pipe from tank to suction
pump. Steel transition up to pump.
JG 5/21/04

Sec. Piping Option: Cathodically Protected

6. Piping (Type)

Type of Pipe: Safe Suction

Check if piping has been repaired: ☐**7. Substance Currently or Last Stored in Greatest Quantity by Volume**

Substance: Gasoline

Comments:

CERCLA No.:

Description:

X. Tanks Out of Use, or Change in Service**1. Closing of Tank**

NOTE: This section not available unless tank status at top of form is set to a form of closure.

Date Last Used:

Closure Status:

R10 Facility ID: 4020050

Facility Name:

Colville Tribal Fish Hatchery

Date Closure Rcvd.:

Inert Fill :

Date Closed:

2. Site AssessmentSite Assessment Completed: ☐Evidence of a Leak Detected: ☐**XI. Certification of Compliance****1. Installation**Installer certified by tank & piping
manufacturer: ☐Manufacturer's installation checklists
have been completed: ☐Installer certified or licensed by
implementing agency: ☒Another method allowed by State
agency: ☐Installation inspected by registered
engineer: ☐

Comments:

Installation inspected & approved by
implementing agency: ☒**2. Release Detection**

| | Tank/Pipe |
|-------------------------------|-------------------------------------|
| Manual tank gauging: | <input type="checkbox"/> |
| Tank tightness testing: | <input type="checkbox"/> |
| Inventory control: | <input type="checkbox"/> |
| Automatic tank gauging: | <input checked="" type="checkbox"/> |
| Vapor monitoring: | <input type="checkbox"/> |
| Groundwater monitoring: | <input type="checkbox"/> |
| SIR: | <input type="checkbox"/> |
| Interstit. Dbl-wall Monitor: | <input checked="" type="checkbox"/> |
| Interstit. Sec. Con. Monitor: | <input type="checkbox"/> |

| | Tank/Pipe |
|--------------------------|-------------------------------------|
| Auto line leak detector: | <input type="checkbox"/> |
| Line tightness testing: | <input type="checkbox"/> |
| Other method: | <input type="checkbox"/> |
| Deferred: | <input checked="" type="checkbox"/> |
| Not listed: | <input type="checkbox"/> |

Comments:

Veeder-Root TLS-300c / brine
filled interstitial space with safe
suction. CMB 7/13/04**3. Spill, Overfill, and Corrosion Protection**Overfill Protected: ☒Spill Protected: ☒CP Met on Tank & Piping: ☒☐ Check if deliveries limited to 25 gallons at a time (e.g., used oil tanks)

Installer Oath:

Name:

Company:

Position:

Date Signed:

Notification for Underground Storage Tanks

STATE USE ONLY

Agency Name and Address

U.S. EPA Region 10, Underground Storage Tank Program, 1200 Sixth Avenue WD-139, Seattle WA 98101

ID NUMBER 4-020050-201

TYPE OF NOTIFICATION

☐ A. NEW FACILITY ☐ B. AMENDED ☐ C. CLOSURE

2 No. of tanks at facility No. of continuation sheets attached

DATE RECEIVED

A. Date Entered Into Computer

B. Data Entry Clerk Initials

C. Owner Was Contacted to

Clarify Responses. Comments

INSTRUCTIONS

Please type or print in ink all items except "signature" in section V. This form must be completed for each location containing underground storage tanks. If more than five (5) tanks are owned at this location, photocopy the following sheets, and staple continuation sheets to the form.

GENERAL INFORMATION

Notification is required by Federal law for all underground tanks that have been used to store regulated substances since January 1, 1974, that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended.

The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief, or recollection.

Who Must Notify? Section 9002 of RCRA, as amended, requires that, unless exempted, owners of underground tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks. Owner means—

a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances, and

b) in the case of any underground storage tank in use before November 8, 1984, but no longer is use on that date, any person who owned such tank immediately before the discontinuation of its use.

c) If the State agency so requires, any facility that has undergone any changes to facility information or tank system status (only amended tank information needs to be included).

What Tanks Are Included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances," and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Some examples are underground tanks storing: 1. Gasoline, used oil, or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.

What Tanks Are Excluded? Tanks removed from the ground are not subject to notification. Other tanks excluded from notification are:

1. farm or residential tanks of 1,100 gallons or less capacity used for storing motor fuel for noncommercial purposes;

2. tanks used for storing heating oil for consumptive use on the premises where stored;

3. septic tanks;
4. pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
5. surface impoundments, pits, ponds, or lagoons;
6. storm water or waste water collection systems;
7. flow-through process tanks;
8. liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
9. storage tanks situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) if the storage tank is situated upon or above the surface of the floor.

What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute).

Where To Notify? Send completed forms to:

U.S. EPA Region 10
Underground Storage Tank Program
1200 Sixth Avenue WD-139
Seattle, WA 98101

When To Notify? 1. Owners of underground storage tanks in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days of bringing the tanks into use. 3. If the State requires notification of any amendments to the facility send information to State agency immediately.

Penalties: Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

I. OWNERSHIP OF TANK(S)

II. LOCATION OF TANK(S)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Colville Confederated Tribes

Street Address

P.O. Box 150

Nespelem

WA

99155

Okanogan

509 634-4711

Phone Number (Include Area Code)

If required by State, give the geographic location of tanks by degrees, minutes, and seconds. Examples Lat. 42, 36, 12 N Long. 85, 24, 17W

Latitude 48-01-56

Longitude 119-41-15

(If same as Section I, mark box here ☐)

Facility Name or Company Site Identifier, as applicable

Colville Tribal Fish Hatchery

Street Address (P.O. Box not acceptable)

138291 Highway 17

Bridgeport

WA

98813

Okanogan

Municipality

| III. TYPE OF OWNER | | IV. INDIAN LANDS | | | | |
|---|---|--|---|--|---|--|
| <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Commercial <input type="checkbox"/> Private | Tanks are located on land within an Indian Reservation or on other trust lands. <input checked="" type="checkbox"/> Tanks are owned by native American nation, tribe, or individual. <input checked="" type="checkbox"/> | Tribe or Nation: <u>Calville Confederated Tribes</u> | | | |
| V. TYPE OF FACILITY | | | | | | |
| Select the Appropriate Facility Description | | | | | | |
| <input type="checkbox"/> Gas Station <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership | <input type="checkbox"/> Railroad <input type="checkbox"/> Federal - Non-Military <input type="checkbox"/> Federal - Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor | <input type="checkbox"/> Trucking/Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Other (Explain) <u>Fish Hatchery</u> | | | | |
| VI. CONTACT PERSON IN CHARGE OF TANKS | | | | | | |
| Name | Job Title | Address | Phone Number (Include Area Code) | | | |
| Rodney Stensgar | Hatchery Manager | P.O. Box 880 Br. Ingeport WA 98813 | 509 686-9330 | | | |
| VII. FINANCIAL RESPONSIBILITY | | | | | | |
| I have met the financial responsibility requirements in accordance with 40 CFR Subpart H | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> Check All that Apply <input checked="" type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify </td> </tr> </table> | | | | Check All that Apply <input checked="" type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify |
| Check All that Apply <input checked="" type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group | <input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> State Funds <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed Specify | | | | |
| VIII. CERTIFICATION (Read and sign after completing all sections) | | | | | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. | | | | | | |
| Name and official title of owner or owner's authorized representative (Print) <u>Rodney O. Stensgar</u> | Signature <u>Rodney O. Stensgar</u> | Date Signed <u>10/9/95</u> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>EPA estimates public reporting burden for this form to average 30 minutes per response including gathering and maintaining the data needed and completing and reviewing the form. Send comments to Chief, Information Policy Branch PM-223, U.S. Environmental Protection Agency, 401 M Street, Washington, D.C. 20460. This form amends the previous notification form as printed in previous editions of this notification form may be used while supplies last.</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px; background-color: yellow;"> <p>"10/9/95" is highly unlikely prob. 7/96</p> </div> </div> | | | | | | |

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location.)

| Tank Identification Number | Tank No. <u>1</u> | Tank No. <u>2</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Status of Tank (mark only one) | | | | | |
| Currently in Use | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Temporarily Out of Use (Remember to fill out section X.) | | | | | |
| Permanently Out of Use (Remember to fill out section X.) | | | | | |
| Amendment of Information | | | | | |
| 2. Date of Installation (mo./year) | <u>3/89</u> | <u>3/89</u> | | | |
| 3. Estimated Total Capacity (gallons) | <u>2500</u> | <u>550</u> | | | |
| 4. Material of Construction (Mark all that apply) | | | | | |
| Asphalt Coated or Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cathodically Protected Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Epoxy Coated Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Composite (Steel with Fiberglass) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fiberglass Reinforced Plastic | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lined Interior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Polyethylene Tank Jacket | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Liner | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, Please specify | | | | | |
| Has tank been repaired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Piping (Material) (Mark all that apply) | | | | | |
| Bare Steel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Galvanized Steel | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fiberglass Reinforced Plastic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Copper | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cathodically Protected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Walled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Secondary Containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, Please specify | | | | | |
| 6. Piping (Type) (Mark all that apply) | | | | | |
| Suction: no valve at tank | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suction: valve at tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gravity Feed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has piping been repaired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Tank Identification Number | Tank No. <u>1</u> | Tank No. <u>2</u> | Tank No. _____ | Tank No. _____ | Tank No. _____ |
|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 7. Substance Currently or Last Stored In Greatest Quantity by Volume | | | | | |
| Gasoline | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Diesel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gasohol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kerosene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heating Oil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Used Oil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other, Please specify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| Hazardous Substance CERCLA name and/or, CAS number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | | | | | |
| Mixture of Substances Please specify | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | | | | | |
| X. TANKS OUT OF USE, OR CHANGE IN SERVICE | | | | | |
| 1. Closing of Tank | | | | | |
| A. Estimated date last used (mo./day/year) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B. Estimate date tank closed (mo./day/year) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| C. Tank was removed from ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Tank was closed in ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Tank filled with inert material Describe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| | | | | | |
| | | | | | |
| F. Change in service | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| 2. Site Assessment Completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |
| Evidence of a leak detected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | |

XI. CERTIFICATION OF COMPLIANCE (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)

| Tank Identification Number | Tank No. <u>1</u> | Tank No. <u>2</u> | Tank No. ____ | Tank No. ____ | Tank No. ____ | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Installation | | | | | | | | | | |
| A. Installer certified by tank and piping manufacturers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| B. Installer certified or licensed by the implementing agency | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| C. Installation inspected by a registered engineer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| D. Installation inspected and approved by implementing agency | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| E. Manufacturer's installation check-lists have been completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| F. Another method allowed by State agency. Please specify. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | |
| 2. Release Detection (Mark all that apply) | TANK | PIPING | TANK | PIPING | TANK | PIPING | TANK | PIPING | TANK | PIPING |
| A. Manual tank gauging | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| B. Tank tightness testing | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| C. Inventory controls | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| D. Automatic tank gauging | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| E. Vapor monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Groundwater monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Interstitial monitoring double walled tank/piping | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Interstitial monitoring/secondary containment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Automatic line leak detectors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Line tightness testing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Other method allowed by Implementing Agency. Please specify. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. Spill and Overfill Protection | | | | | | | | | | |
| A. Overfill device installed | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Spill device installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OATH: I certify the information concerning installation that is provided in section XI is true to the best of my belief and knowledge.

Installer: _____
 Name _____ Signature _____ Date _____
 Position _____ Company _____